

Name of Person Filing Document: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your City, State, and Zip Code: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

Attorney Bar Number (if applicable): \_\_\_\_\_

Representing ☐ Self (Without Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

\_\_\_\_\_  
Name of Petitioner/Plaintiff

Case Number: \_\_\_\_\_

**AFFIDAVIT IN SUPPORT OF  
APPLICATION FOR DEFERRAL  
OR WAIVER OF SERVICE OF  
PROCESS COSTS**

\_\_\_\_\_  
Name of Respondent/Defendant

**STATE OF ARIZONA** )  
**COUNTY OF** \_\_\_\_\_ ) **ss**

**STATEMENTS MADE TO THE COURT UNDER OATH.** I swear or affirm that the information in this application is true and correct. I make this statement under the penalty of prosecution for perjury if it is determined that I did not tell the truth.

**I have requested a deferral or waiver of the following fees in my case:**

1. ☐ **Fees for service of process by a sheriff, marshal, constable or law enforcement agency:** In support of my request, I state that (check and complete any that apply):

- ☐ I have attempted to obtain voluntary **"Acceptance of Service"** of process without success on the person to be served.
- ☐ It would be useless or dangerous for me to try to obtain voluntary **"Acceptance of Service"** on the person to be served because (explain): \_\_\_\_\_
- ☐ An enforceable **"Order of Protection"** or **"Injunction Against Harassment"** has been granted to me against the person to be served. \_\_\_\_\_

2. ☐ **Fees for publication:** In support of my request, I state that I have attempted to locate the person to be served but I have been unable to locate that person (**check and complete any that apply**):

☐ This is what I did to try to find the other party (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ I have contacted the person(s) listed below to try to find the location of the other party.

**NAME**

**ADDRESS**

_____	_____
_____	_____
_____	_____

**SIGNATURE UNDER PENALTY OF PERJURY**

Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
PRINT YOUR NAME:

**INFORMATION FOR SERVICE**

**You must provide the following information:**

To the best of my knowledge, as of (date) \_\_\_\_\_, the last known address of the person to be served was: \_\_\_\_\_  
(Street address, City, State)